

FILED DEC 1-8 1950

STANDARD CERTIFICATE OF DEATH

41522

State File No.

BIRTH NO.		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>5786</u>		Registrar's No. <u>95</u>	
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Charleston-rural</u> d. TOWN <u>Charleston-rural</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Charleston-rural</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Charleston-rural</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD#3 Box 71 12 mi East</u>				d. STREET ADDRESS (If rural, give location) <u>RFD#3 Box 71 12 mi East</u>			
3. NAME OF DECEASED (Type or Print) <u>Charley</u>		a. (First) <u>Charley</u>		b. (Middle) <u>(None)</u>		c. (Last) <u>Mercer</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 15, 1950</u>	
8. DATE OF BIRTH <u>Oct. 15, 1887</u>		9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Wickliffe, Kentucky</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>George Mercer</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Mercer</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel Branch Mercer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Branch Mercer, R#3, Charleston, Mo</u>		ADDRESS <u>Box 31</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of prostate</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>177X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May, 1950</u> to <u>Nov 15 1950</u> , that I last saw the deceased alive on <u>Nov 15, 1950</u> and that death occurred at <u>9 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>D. O. 7</u>		(Degree or title)		23b. ADDRESS <u>Wyatt, Mo</u>		23c. DATE SIGNED <u>11/16/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/17/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 13, 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. J. H. Helgeson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>THE NUNNICK FUNERAL CHAPL, Charleston, Mo.</u>		ADDRESS <u>BY</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 13 1950
DEC 13 RECD

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed DEC 15 1950

DEC 18 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Licensed Embalmer No. 3857

P. O. Address Charleston, W. Va.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.